

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 19 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P950000089924**

1. Corporation Name

Automated Drafting Services, Inc

2. Principal Office Address

751 W Lumsden Rd

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

Hillsborough

3. Mailing Office Address

1521 SaKonnet Ct

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

Hillsborough

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

11-27-1995

5. FEI Number

59-3347334

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Donald M. Farmer Jr

Street Address (P.O. Box Number is Not Acceptable)

1521 SaKonnet Ct

Suite, Apt. #, Etc.

N/A

City

Brandon

State

FL

Zip Code

33511

500004275625-9
-05/22/01-01023-029
*****1208.75 ***1208.75**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Donald M. Farmer Jr

REGISTERED AGENT MUST SIGN

Date **4-18-01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|------------|--------------------------------------|---|--------------------------|
| P | Donald M. Farmer Jr | 1521 SaKonnet Ct | Brandon, FL 33511 |
| T/S | Sabrina S. Farmer | 1521 SaKonnet Ct | Brandon, FL 33511 |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Sabrina S. Farmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01 83267-9303

Date

Daytime Phone #